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DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258



REPLY TO
ATTENTION OF

MAY 13 1988

SUBJECT: Army Back Complaint Program

Army Installation Commanders

1. Compensation claims, costs, and lost work time due to back complaints are unacceptably high in the Army. Additionally, our workers with chronic back problems suffer severe financial, physical, and emotional losses. The successful implementation of a worldwide Army Back Complaint (ABC) Program will reduce these adverse impacts.

2. The ABC Program, under your leadership, requires full participation and cooperation by safety, civilian personnel, and occupational health staff representatives. The program objectives include effective educational initiatives to dispel fears and misconceptions about back pain, prompt recognition and medical management of affected employees, and reducing back complaints through evaluation and modification of workplaces and work practices.

3. The enclosed packet provides recommended actions to develop and implement successful installation ABC Programs. Your support is absolutely essential to reducing suffering and financial loss from back complaints. We challenge you to aggressively direct your initiative and effort toward the successful implementation of the ABC Program.

4. Additional copies of the ABC packet may be reproduced locally or obtained from the U.S. Army Safety Center, Fort Rucker, Alabama 36362-5363. POC is Mr. Carter, CSSC-M, AV 558-2062.

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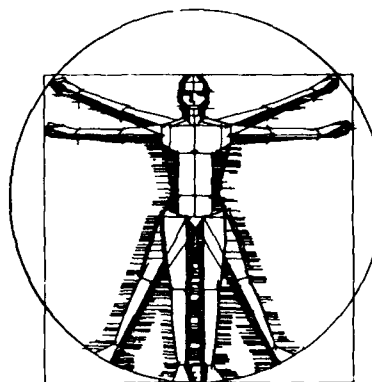
UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE

REPORT DOCUMENTATION PAGE

Form Approved
OMB No 0704-0188
Exp Date Jun 30, 1986

1a. REPORT SECURITY CLASSIFICATION			1b. RESTRICTIVE MARKINGS		
2a. SECURITY CLASSIFICATION AUTHORITY Unclassified			3. DISTRIBUTION / AVAILABILITY OF REPORT		
2b. DECLASSIFICATION / DOWNGRADING SCHEDULE			Approved for public release; distribution unlimited.		
4. PERFORMING ORGANIZATION REPORT NUMBER(S)			5. MONITORING ORGANIZATION REPORT NUMBER(S)		
6a. NAME OF PERFORMING ORGANIZATION Department of the Army, Office of the Surgeon General		6b. OFFICE SYMBOL (If applicable) HODA SGPS-PSP		7a. NAME OF MONITORING ORGANIZATION	
6c. ADDRESS (City, State, and ZIP Code) Department of the Army, Office of the Surgeon General, 5109 Leesburg Pike, Falls Church, VA 22041-3258		7b. ADDRESS (City, State, and ZIP Code)			
8a. NAME OF FUNDING / SPONSORING ORGANIZATION		8b. OFFICE SYMBOL (If applicable)		9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER	
8c. ADDRESS (City, State, and ZIP Code)		10. SOURCE OF FUNDING NUMBERS			
		PROGRAM ELEMENT NO.		PROJECT NO.	TASK NO.
					WORK UNIT ACCESSION NO.
11. TITLE (Include Security Classification)					
Army Back Compliance Program					
12. PERSONAL AUTHOR(S)					
13a. TYPE OF REPORT Lesson Plan		13b. TIME COVERED FROM _____ TO _____		14. DATE OF REPORT (Year, Month, Day) 13 May 1988	
				15. PAGE COUNT 47	
16. SUPPLEMENTARY NOTATION					
17. COSATI CODES			18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number)		
FIELD	GROUP	SUB-GROUP			
19. ABSTRACT (Continue on reverse if necessary and identify by block number)					
<p>The Army Back Compliance (ABC) Program packet provides recommended actions to develop and implement successful installation of ABC Programs. It is designed to be an educational tool to prevent injuries to the back, shoulder, or neck areas primarily as a result of material movement and handling or slips, trips or falls. It is also intended to inform injured employees of their safety performance responsibilities. <i>Keywords:</i></p> <p><i>back injuries; materials handling; safety training; stress physiology; muscle stress; (K) ←</i></p>					
20. DISTRIBUTION / AVAILABILITY OF ABSTRACT <input checked="" type="checkbox"/> UNCLASSIFIED/UNLIMITED <input type="checkbox"/> SAME AS RPT. <input type="checkbox"/> DTIC USERS			21. ABSTRACT SECURITY CLASSIFICATION Unclassified		
22a. NAME OF RESPONSIBLE INDIVIDUAL LTC Emery			22b. TELEPHONE (Include Area Code) (703) 756-0812		22c. OFFICE SYMBOL SGPS-PSP



Army Back Complaint (ABC) Program

Packet Contents

Letter to Army Installation Commanders

Overview of Army Back Complaint (ABC) Program

Key Actions (Commander, Civilian Personnel Officers, Safety Office Staff, Medical Personnel, and Safety and Occupational Health Advisory Council)

"Back" on the Job Safely: A Sample Back Complaint Education Program

Workplace Evaluation Checklist

How Do We Solve the Back Pain Problem?

Sample New Releases for Local Media

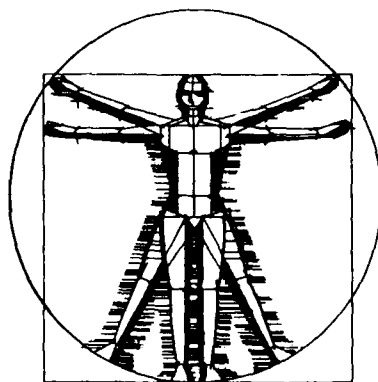
Key Elements of Successful Programs

References & Resources

Results of the Low Back Pain Workshop



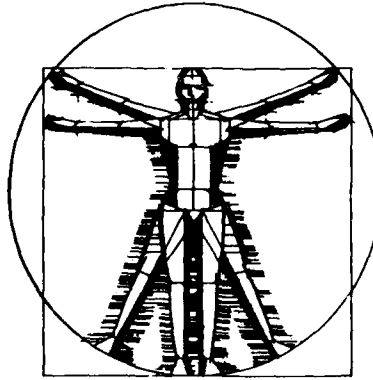
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Army Back Complaint (ABC) Program

Overview

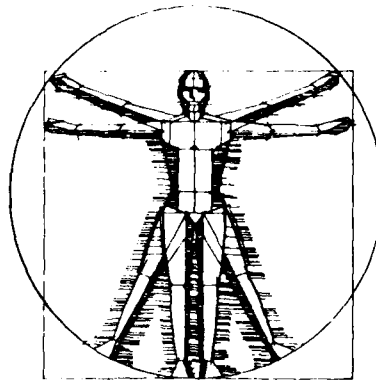
- . A quarter of all Office of Workers' Compensation cases and a third of all costs are the result of back complaints. Whether the problem stems from traumatic injury or aggravation of a long-term illness, back pain costs the Army millions of dollars each year. Back complaints also cause thousands of people discomfort and lost productivity. Without appropriate intervention, workers with back complaints may begin to view themselves as being permanently impaired, lose self esteem, and become dependent on the compensation system.
- . Inappropriate expectations and attitudes about people with low-back complaints exist among supervisors, personnel managers, and medical and safety personnel. No program has been implemented successfully or widely in the Army to appropriately manage workers with back complaints.
- . Approximately 80 percent of all people will develop low-back complaints. Among workers with back pain, the majority can be expected to return to work within a matter of days. The Army Back Complaint (ABC) Program has been developed to prevent back complaints and injuries and to return workers with back complaints to their jobs.
- . The ABC Program requires strong leadership, command support, and active participation by supervisors working with civilian personnel, safety, and medical staff representatives.
- . The primary objectives of the ABC Program are to--
 - Develop appropriate expectations and attitudes about back complaints among workers, supervisors, and installation staff personnel through education.
 - Promptly recognize workers with back complaints, institute effective medical management, and return affected employees to their jobs as soon as possible.
 - Limit the occurrence of back complaints through the evaluation and modification of workplaces and work practices.
- . The ABC Program must be implemented as a comprehensive installation effort through the Safety and Occupational Health Advisory Council. This packet defines recommended actions necessary to reduce the adverse impact of back complaints.



Commander

Key Actions

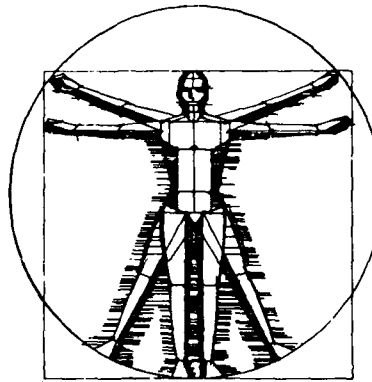
- . Provide leadership for Army Back Complaint (ABC) Program.
- . Directly participate in Safety and Occupational Health Advisory Council.



Medical Personnel

Key Actions

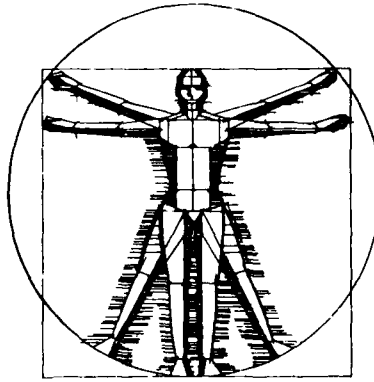
- . Train health care providers (both AMEDD and local private practitioners) about--
 - The natural history and frequency of common low-back complaints.
 - Treatment protocols stressing conservative treatment and return to normal activity early in the course of recovery.
 - Recognition of factors associated with the development of chronic low-back pain.
 - Local policies for obtaining job requirements, evaluating disability, and recommending work restrictions.
 - Local policies for managing complex back-pain patients.
- . Provide expertise for supervisor and worker training about--
 - The natural history of back complaints.
 - Useful self treatments.
 - Serious complications of chronic low-back disability.
- . Ensure that health care providers--
 - Make a positive diagnosis of back strain/sprain in the absence of findings suggesting another disease.
 - Tell patients about the natural course of the disease.
 - Tell patients about conservative self care.
 - Provide conservative care.
 - Limit activities minimally.
 - Encourage return to normal activities.
 - Review job descriptions or discuss duties with supervisors before making recommendations on work restrictions.
 - Call civilian health care providers to discuss treatments and dispositions when necessary.
 - Observe for signs of development of chronic low-back pain syndrome and communicate to appropriate civilian personnel, rehabilitation, legal, and command personnel.
 - Arrange multidisciplinary management for potential chronic low-back-pain patients.
 - Serve on the Safety and Occupational Health Advisory Council.



Civilian Personnel Officers

Key Actions

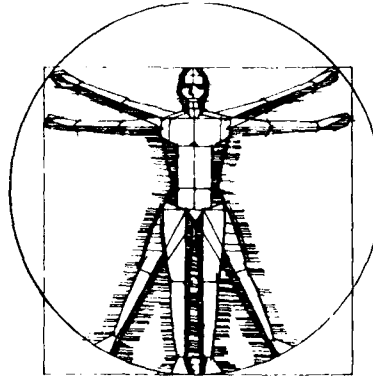
- . Work closely with commanders, managers, supervisors, and safety and occupational health personnel to develop and implement an effective, comprehensive ABC Program.
- . Serve on the Safety and Occupational Health Advisory Council.
- . Support and establish effective educational and training programs at all levels to address the problem of back complaints.
- . Aggressively develop and ensure implementation of clinic check-in, return-to-work, and light-duty programs.
- . Maintain records and data on a current basis.
- . Develop historical and trend data to evaluate your program and make improvements.
- . Work to provide your installation with 6-month overhire positions and funds for return-to-duty to assist integration into the work force.



**Safety
Office Staff**

Key Actions

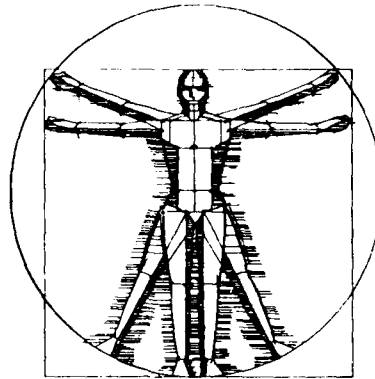
- . Identify workplace hazards that influence back complaints.
- . Perform workplace ergonomic evaluations.
- . Review job analysis sheets prepared by supervisors.
- . Investigate back complaints with supervisors and medical personnel.
- . Track back complaints until resolved.
- . Provide education and awareness material.
- . Obtain back injury specialty training and train supervisors and collateral duty safety officers.
- . Evaluate re-engineered jobs.
- . Review back complaint program status at each Safety and Occupational Health Advisory Council meeting.
- . Recommend countermeasures to eliminate hazards that influence back complaints.



Safety and Occupational Health Advisory Council

Key Actions

- . Develop and implement the installation ABC Program.
- . Ensure that all safety, civilian personnel, medical, supervisory, and employee groups have received back complaint education specific to their needs.
- . Use Department of Labor/Office of Workers' Compensation data to evaluate the installation ABC Program.
- . Develop, publicize, and aggressively pursue clinic check-in, light-duty, and return-to-work policies.
- . Ensure workplace and work practice evaluations are occurring routinely and following the occurrence of back complaints.
- . Monitor the abatement of back complaint aggravators in the workplace and in work practices.



"Back" On the Job Safely:

A Sample Back Complaint Education Program

The following lesson plan was developed for employees who have been injured on the job. It is designed to be an educational tool to prevent injuries to the back, shoulder, or neck areas primarily as a result of material movement and handling or slips, trips, or falls. It is also intended to inform injured employees of their safety performance responsibilities.

Instructors

- . Safety office official
- . Workers' compensation administrator (Office of Civilian Personnel)
- . Occupational health nurse or health clinic official
- . Personal services representative

Materials

- . Television set
- . VCR
- . Video cassette "Reducing Back Strain" (by Teletrain)
- . Large cardboard box to be used as a bin
- . 3 cardboard boxes of various sizes commonly found in work areas
- . Shelf at least 5 feet high
- . 2 tables at least 12 inches high
- . 15 copies of "Rules to Live By From Now On"
- . 15 copies of "Helpful Hints for a Healthy Back"
- . Copy of lesson plan
- . Training Attendance Record. This form will be signed by all employees who attend class and sent to training office for permanent records and copies kept by OWCP, Safety, and Personal Services.

Class format

The class will begin at 1300 hours and will last 2 hours and 40 minutes at which time employees will return to their work areas. There will be two 10-minute breaks.

Class Schedule

Note: At beginning of class, make sure students fill out training roster. Make sure all students have signed before leaving.

- | | |
|---------------|---|
| 10 minutes | Introduction and opening remarks from safety (see page 4). |
| 10 minutes | Opening statement by OWCP administrator (Division of Personnel) (see page 5). |
| 40 minutes | Video cassette "Reducing Back Strain" by Teletrain. |
| 10 minutes | Break (no smoking in classroom). |
| 15-20 minutes | Lecture by Occupational Health Nurse (see page 6). Pass out handouts. |
| 40 minutes | Demonstration of proper lifting procedures and other helpful hints (see page 8). |
| 10 minutes | Break (no smoking in classroom). |
| 20 minutes | Lecture on pain control by personal services officer or representative (see page 9). Pass out handouts. |

Note: At end of class, ask students to return to their work areas.

Goals of Back Injury Program

Students will--

- . Know how to lift properly to minimize back strain and demonstrate that ability.
- . Describe the structure of the back and the types of back injuries that are a result of improper actions that can cause physical harm to the back.
- . State the services that are offered by our health clinic (doctors, technicians, and occupational health nurses) to help them adapt to the problems that result from back injuries and what preventive actions to take.
- . Be informed that the organization will work closely with physicians and the injured to provide light duty and restricted duty for those who have sustained back injuries.
- . Describe situations in which they should get help with heavy or awkward items before trying to move them.
- . Explain alternatives to carrying loads over long distances.
- . Discuss loads which can and cannot be pushed and pulled without the aid of material-handling equipment.
- . Know that it is better to push material than pull it when using material-handling equipment, and that in most cases it is better to use material-handling equipment to move items.
- . Demonstrate the best method of moving material in and out of a bin and how to lift an item onto and off a shelf.
- . Verbalize that many backaches and problems are not necessarily due to the working environment but to such causes as poor posture, poor physical conditioning, athletic injuries, wear and tear due to age, and simple actions of improper movement, stretching, or twisting.
- . Discuss that it is of the utmost importance to inform supervisors, safety, or health services when material-handling processes seem to involve excess strain or the risk of back injury in order for preventive measures to be taken.
- . Discuss that legitimate back injuries, as well as possible aggravation of pre-existing back problems, can be significantly reduced through good job practices by employees, good supervision by supervisors, and good task design and provisions for material-handling equipment by supervisors and middle management.

Introduction and Opening Remarks by Safety

My name is _____. I work at the Safety Office.

This is _____, who works at the Office of Civilian Personnel and administers the Workers' Compensation Program.

This is _____, who works at the Health Clinic and is responsible for occupational health and safety.

And this is _____, who works for the Personal Services Office and is providing the room, equipment, and some special guidance regarding the reduction of back pain.

We are here for one purpose, and that is to help you recover from your back injuries, reduce your chances of having another injury, and give you some information that you can share with fellow employees to help them reduce their chances of suffering a back problem or injury on the job.

We are concerned about your personal well being and health. We are also concerned about the health costs, lost production, and compensation costs that back injuries cost _____ (installation).

Civilian lost time injuries have been on the increase here over the last several years, and almost half of these injuries are a direct result of injuries being related to back problems.

The Safety Office believes that back injuries that are a result of accidents are not needed, are not wanted, are expensive, are painful and miserable for the injured, and above all else can be prevented.

The Safety Office believes in the 3-E approach to safety. We believe we should educate about safety, engineer out safety problems, and make sure safety rules are enforced.

Today we plan an extensive effort in educating you about how to prevent back injuries. Through an audiovisual presentation, lectures, handouts, and demonstrations of lifting procedures by you the student, we hope that we can provide you with solid and applicable information that can help you prevent back injuries.

**Opening Statement by
Administrator of Office of Workers' Compensation Program**

I wish to welcome you to this back-education clinic, and I want to tell you of my concern for you and your injury. Nothing is more frustrating than a problem with back pain. This is especially true when your job depends on your ability to use your back.

This back-care clinic will not tell you what is wrong with your back or how to heal your injury. That is up to your doctor. You will learn here how to take care of your back to avoid further problems. Your careful prevention of back problems will be worth more than the best cures.

I will for my part here explain (installation's) obligation to you. If you cannot perform all the duties of your job because of your injury, your employer must make light duty work available. You will work light duty until your doctor allows you to return to full duty. If you are injured, both you and your supervisor each receive a statement of your limitations and your physical capabilities. If your supervisor asks you to do more than your statement allows, politely tell your supervisor that you can't. If your supervisor asks you again to do more than your stated limitations, call the Workers' Compensation Office. I will personally check out the problem in a way that does not make your supervisor angry at you.

If you continue to have back problems, your supervisor must make a decision. Your supervisor must decide if your back problems interfere with your job performance. Performance problems could be excessive time away from the job. Inability to do required lifting, bending, or stooping could be a performance problem. If your supervisor decides your back problems affect your job, you may be separated from your job.

The best way to avoid further back problems is to follow the advice from this back clinic. Your supervisor will also receive injury prevention training in your behalf. So work together for your benefit, and remember the importance of an ounce of prevention. It beats a pound of cure.

Lecture by Occupational Health Nurse

My name is _____. I am an Occupational Health Nurse and represent the U.S. Army Health Clinic at _____ (installation) _____.

I am specifically trained to deal with injuries on the job and have a very good understanding of the work environment here and the type of injuries we face on a daily basis.

Here at _____ (installation) _____ we have doctors who are well schooled in the field of back injuries and understand that we have many cases of pulled ligaments, muscle strains, and shoulder strains. They have a great deal of experience in handling back problems and also understand the working environment here.

The doctors at the Health Clinic will be able to prescribe light duty or restricted duty assignments for you, they can prescribe medication for you from our pharmacy free of charge, and they can refer you to an orthopedic specialist if they feel they cannot adequately handle your injury. Because they are on post, they can be contacted by the OWCP officials from Personnel and work closely with our administration to guarantee that light duty requirements are being followed. They have a vested interest in keeping our employees healthy and working at full capacity and are close at hand for followup visits or advice on how to prevent future injuries.

If you are asked to see an outside specialist, you will need to make sure your work closely with our Office of Workers' Compensation personnel to make sure your claims for doctor visits and medications are paid.

Remember, if you feel back pain or discomfort on the job, come to the clinic after reporting it to your supervisor. The earlier a back problem is diagnosed and preventive action taken the better.

If you have had a back problem in the past and you feel your present work is aggravating the illness, come to the clinic for a checkup.

Our doctors can ask the proper questions, check you for difficulties in movement, check the areas of pain, and even take x-rays if necessary to determine your problems or the extent of the injury. Because our doctors understand civil service and Army regulations on light duty temporary assignments, they have an advantage in working with the injured employee at _____ (installation) _____.

It is important that if in the process of lifting, twisting, etc., you feel a sudden sharp pain, don't tell yourself that it will feel better by morning after a good night of rest. Always take care of a back injury at the time you first notice any pain or stiffness. Quick treatment is the best policy.

It is also important to realize that back injuries are not necessarily due to your job, but in most cases are aggravated by your physical activities at work. Medical studies show that 70 percent of all back injuries are due to natural causes--basically the degenerative processes of age or other diseases. Twenty percent are due to inflammations such as arthritis, urinary infections, etc. Only 10 percent are a direct result of an actual back injury that took place either on or off the job.

In order for you to prevent back injuries, I can give you some helpful hints that you should follow both on and off the job.

When sitting: Keep knees slightly higher than hips by placing feet on a low stool.

When standing: Stand straight, chin tucked in, pelvis forward. If standing for prolonged periods, place one foot on a stool, changing feet every so often.

When walking: Maintain erect posture, making sure not to bend forward. A female should use alternate shoulders when carrying her handbag or satchel.

When sleeping: Avoid sleeping on your stomach. Curl up on your side with a pillow between your knees or on your back with a pillow under your knees. Stay away from a soft or sagging mattress.

When driving: Move car seat forward and sit with your knees higher than your hips. A small pillow behind your lower back provides added support.

Exercise: Never exercise if you are experiencing back pain. Exercise your back only after you have your doctor's approval or you are presently in good condition.

Note: The occupational health nurse along with a safety official will demonstrate with a "dummy" the problems of lifting incorrectly showing what happens to muscles and vertebrae.

Demonstrations of Proper Lifting by Students

Demonstration #1. Each student will demonstrate how to properly pick up a regular box (empty) from a standing position in the middle of the floor. Students will be allowed to critique each other.

Demonstration #2. Each student will demonstrate how to properly lift an empty box of moderate size to the top of a shelf at least 5 feet high and then properly remove box from shelf back to floor. Students will be allowed to critique each other.

Demonstration #3. Each student will demonstrate how to properly lift a box from a table at least 12 inches above the floor and carry the box to another table at least 8 feet directly behind the first table and set the box down properly on the second table. Students will be allowed to critique each other.

Demonstration #4. Each student will demonstrate how to properly lift a small box out of a bin. Students will be allowed to critique each other.

Demonstration #5. Each student will demonstrate how to sit properly in a chair and discuss what can be done to help prevent back injuries if you sit for long hours. Students will be allowed to critique each other.

Demonstration #6. Each student will demonstrate how to pick up a pencil from the floor, demonstrate proper posture for standing, and how to walk properly to protect your back from injury. Students will be allowed to critique each other.

**Personal Services Officer
Lecture on Techniques for Handling Pain**

Format: Open discussion with students on pain and the techniques that can be used for handling pain associated with back injuries. Address questions to students for responses.

Question #1: What is pain?

Question #2: Who gets it?

Question #3: What do you do with it now?

Distribute and discuss the handouts.

HANDOUT

Rules To Live By--From Now On

- . Never bend from the waist only; bend the hips and knees.
- . Never lift a heavy object higher than your waist.
- . Always turn and face the object you wish to lift.
- . Avoid carrying unbalanced loads; hold heavy objects close to your body.
- . Never carry anything heavier than you can manage with ease.
- . Never lift or move heavy furniture. Wait for someone to do it who knows the principles of leverage.
- . Avoid sudden movement, sudden overloading of muscles. Learn to move deliberately, swinging the legs from the hips.
- . Learn to keep the head in line with the spine when standing, sitting or lying in bed.
- . Put soft chairs and deep couches on your "don't sit" list. During prolonged sitting, cross your legs to rest your back.
- . Your doctor is the only one who can determine when low back pain is due to faulty posture. He or she is the best judge of when you may do general exercises for physical fitness. When you do, omit any exercise that arches or over strains the lower back (backward or forward bends and touching the toes with the knees straight).
- . Wear shoes with moderate heels, all about the same height. Avoid changing from high to low heels.
- . Put a foot rail under the desk, and a foot rest under the crib.
- . Diaper a baby sitting next to him or her on the bed.
- . Don't stoop and stretch to hang the wash; raise the clothes basket and lower the line.
- . Beg or buy a rocking chair. Rocking rests the back by changing the muscle groups used.
- . Don't strain to open doors or windows.
- . Concentrate on strengthening "nature's corset," the abdominal and buttock muscles.

Exercises for better back care

General Instructions

Your best back support is derived from your own back muscles! Faithful performance of back exercises often avoids the necessity of an external brace or corset. Back muscles can give you all the support needed if you strengthen them by routine performance of prescribed exercises.

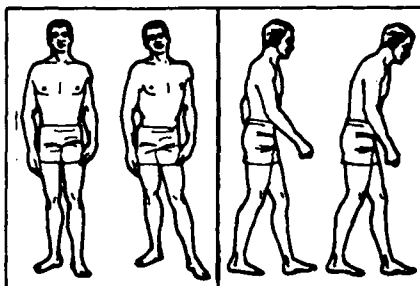
Exercises

Follow the exercise routine prescribed by your doctor. Gradually increase the frequency of your exercises as your condition improves, but stop when fatigued. If your muscles are tight, take a warm shower or tub bath before performing your back exercises. Do not be alarmed if you have mild aching after performing exercises. This should diminish as your muscles become stronger.

Exercise on a rug or mat. Put a small pillow under your neck. Wear loose clothing; no shoes. Stop doing any exercise that causes pain until you have checked with your doctor.

Helpful hints for a healthy back

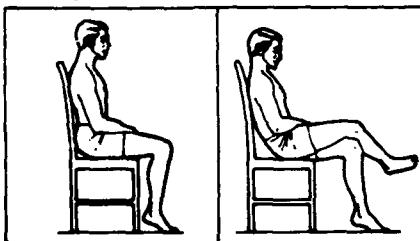
Standing and walking



Correct Incorrect Correct Incorrect

Try to toe straight ahead when walking; put most of your weight on your heels; hold your chest forward and elevate the front of the pelvis as if walking up an incline. Avoid wearing high heels. Stand as if you are trying to touch the ceiling with the top of your head, eyes straight ahead. All the elements of good posture will flow from these simple maneuvers.

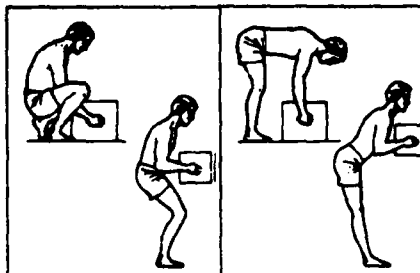
Sitting



Correct Incorrect

Sit in a hard-back chair with spine pushed back; try to eliminate the hollow in the lower back. If possible, elevate the knees higher than hips while sitting in an automobile. Secretaries should adjust posture chairs accordingly. Sit all the way back in the chair with your back erect.

Lifting



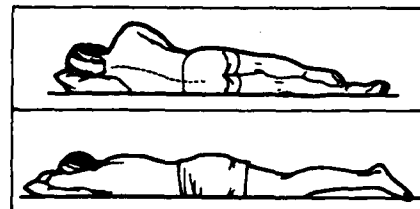
Correct Incorrect

Bend your knees; squat and lift with your thigh muscles, not your back. Never bend over with your knees straight and lift with the upper torso.

Move slowly and avoid sudden movements. Try to avoid lifting loads in front of you above the waist line. Avoid bending over to lift heavy objects from car trunks, as this places a strain on low back muscles.

Sleeping

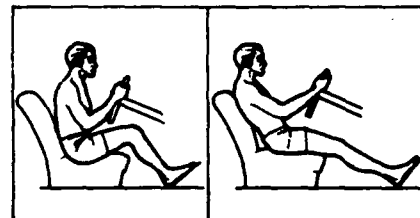
Correct



Incorrect

Sleep on a firm mattress; a 3/4 inch plywood bed board is helpful and should be used with all but a very firm orthopedic mattress. With acute back pain, sleep with a pillow or blanket rolled under the knees and a pillow under the head. Keep your knees and hips bent when sleeping on your side.

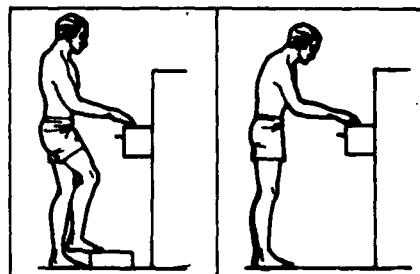
Driving



Correct Incorrect

Use a firm seat with a padded plywood or special seat support. Sit close to the wheel with knees bent. On long trips, stop every one to two hours and walk to relieve tension and relax muscles.

Working

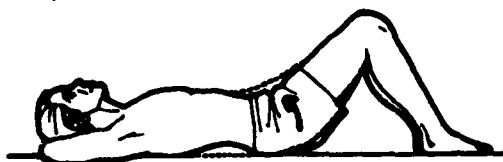


Correct Incorrect

Try to avoid fatigue caused by work requiring long standing. Flex hips and knees by occasionally placing a foot on a stool or bench. Take exercise breaks from desk work by getting up, moving around and performing a few back exercises in the standing position.

SEE BACK OF THIS PAGE
FOR RECOMMENDED EXERCISES.

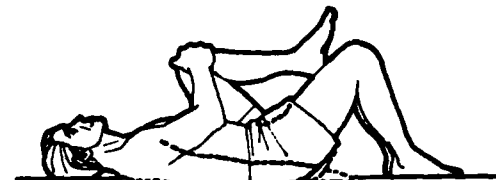
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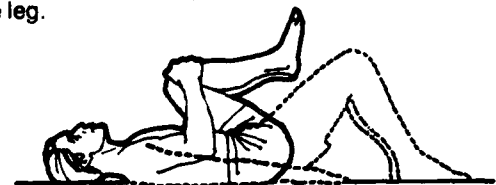
Lie on your back with knees bent and hands clasped behind neck. Feet flat on the floor. Take a deep breath and relax. Press the small of your back against the floor and tighten your stomach and buttock muscles. This should cause the lower end of the pelvis to rotate forward and flatten your back against the floor. Hold for five seconds. Relax.



2.



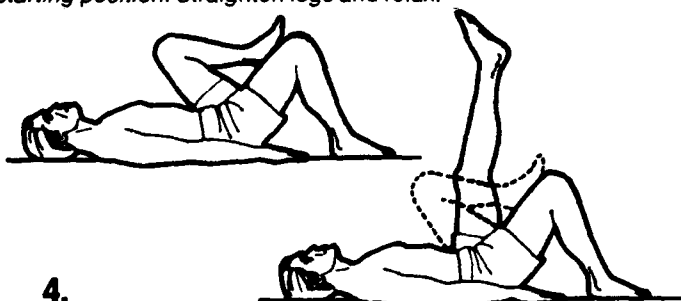
Lie on your back with knees bent. Feet flat on the floor. Take a deep breath and relax. Grasp one knee with both hands and pull as close to your chest as possible. Return to starting position. Straighten leg. Return to starting position. Repeat with alternate leg.



3.



Lie on your back with knees bent. Feet on the floor. Take a deep breath and relax. Grasp both knees and pull them as close to your chest as possible. Hold for three seconds, then return to starting position. Straighten legs and relax.



4.

Lie on your back with knees bent. Feet flat on the floor. Take a deep breath and relax. Draw one knee to chest. Then point leg upward as far as possible. Return to starting position. Relax. Repeat with alternate leg.

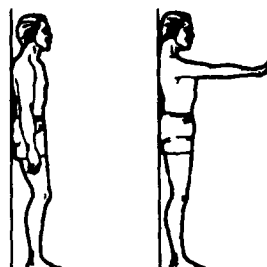
NOTE: This exercise is useful in stretching tight hamstring muscles, but is not recommended for patients with sciatic pain associated with a herniated disc.

5.



a. Lie on your stomach with hands clasped behind back. Pull shoulders back and down by pushing hands downward towards feet, pinching shoulder blades together, and lift head from floor. Take a deep breath. Hold for two seconds. Relax.

b. Stand erect. With one hand grasp the thumb of other hand behind the back, then pull downwards toward the floor; stand on toes and look at the ceiling while exerting the downward pull. Hold momentarily, then relax. Repeat 10 times at intervals of two hours during the working day. Take an exercise break instead of a coffee break!

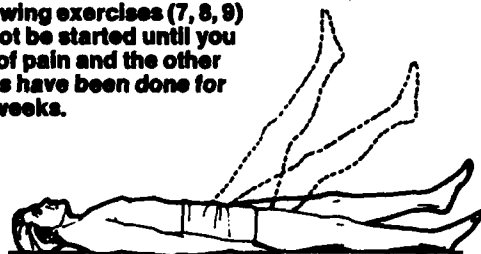


6. Stand with your back against doorway. Place heels four inches away from frame. Take a deep breath and relax. Press the small of your back against doorway. Tighten your stomach and buttock muscles, allowing your knees to bend slightly. This should cause the lower end of the pelvis to rotate

forward (as in Exercise 1). Press your neck up against doorway. Press both hands against opposite side of doorway and straighten both knees. Hold for two seconds. Relax.

The following exercises (7, 8, 9) should not be started until you are free of pain and the other exercises have been done for several weeks.

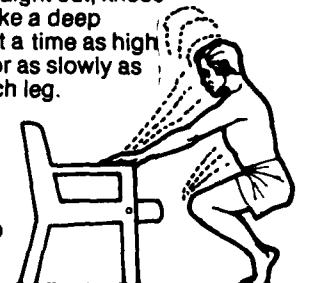
7.



Lie on your back with your legs straight out, knees unbent and arms at your sides. Take a deep breath and relax. Raise legs one at a time as high as is comfortable and lower to floor as slowly as possible. Repeat five times for each leg.

8.

May be done holding onto a chair or table. After squatting, flex head forward, bounce up and down two or three times, then assume erect position.



9.

Lie on your back with knees bent. Feet flat on floor. Take a deep breath and relax. Pull up to a sitting position keeping knees bent. Return to starting position. Relax. Having someone hold your feet down facilitates this exercise.



SAMPLE SUPERVISOR NOTIFICATION DOCUMENT

DISPOSITION FORM

For use of this form, see AR 340-15; the proponent agency is TAGO.

REFERENCE OR OFFICE SYMBOL	SUBJECT
XXXX-CPO	Attendance Request for Back Safety Education Class

TO	FROM Workers' Compensation Administrator	DATE	CMT 1
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1. Your employee, _____, has incurred a back injury. As a result, your employee is scheduled to attend the Back Safety Education Class.

2. The Back Safety Education Class is scheduled for:

TIME: _____

DATE: _____

LOCATION: _____

3. This training is equivalent to a mandatory driver's education training for a motorist involved in an accident, regardless of fault.

4. A prime target to reduce back injuries and costs is in the area of repeat injuries. This Back Safety Education Class will educate the injured employee about proper body positions and movements to protect the back. Also the employee will learn the vocational realities of continued back problems including placement into another job or separation from _____.

5. Plan on your employee being away from the work station for 2 hours and 40 minutes plus transportation time to and from the class.

6. Inform your employee of this class with this notice. If your employee is unable to attend, call the Workers' Compensation Office, ext. _____, to reschedule.

JOHN DOE
Workers' Compensation
Administrator

SAMPLE COORDINATION DOCUMENT

DISPOSITION FORM

For use of this form, see AR 340-15; the proponent agency is TAGO.

REFERENCE OR OFFICE SYMBOL	SUBJECT
XXXX-CPO	Back Safety Education Class

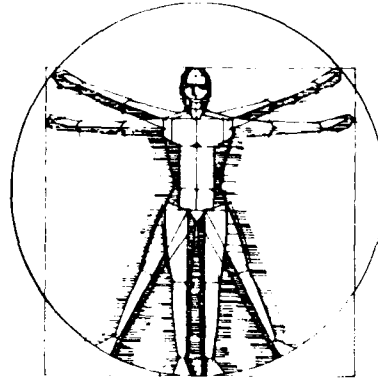
TO SEE DISTRIBUTION **FROM** Civilian Personnel **DATE** **CMT 1**

1. The attached back safety training is recommended for all _____ employees who incur a back injury. This training is equivalent to a mandatory driver's education training for a motorist involved in an accident.
2. On-the-job back injury occurrences at _____ represent over _____ percent of all our compensable injuries and the bulk of our insurance costs.
3. A prime target to reduce back injuries and costs is in the area of repeat injuries. This Back Safety Class will educate the injured employee about proper body positions and movements to protect the back. Also the employee will learn the vocational realities of continued back problems including placement into a lower grade job or separation from _____.
4. Employees required to attend will be notified and coordinated through the Safety Office and CPO.
5. A draft of this Back Safety Training Package has received concurrence through CPO, the Safety Office and Maintenance Directorate Safety Council.
6. Request your review and comments by _____.

JANE DOE
Civilian Personnel Officer

DISTRIBUTION:
ALL INSTALLATION ACTIVITIES

FT RUCKER 058027



Workplace Evaluation Checklist

This guide has been developed from Department of Labor OSHA Training Institute back-injury prevention materials. It focuses attention on and identifies back-injury aggravators.

Inspection for these aggravators should not be limited to industrial job sites. Even office tasks require incidental lifting or moving of heavy items.

Containers

Materials and containers should be compact and stable. Loads whose center of gravity can shift, or whose center of gravity is higher than the handles, are more likely to induce strain. The shape and surface of manual loads should allow the weight to be carried close to the body.

Handles and grips

Heavier loads should have secure handles or natural grips. Hard-to-grasp items should be obtained in well designed packaging or repacked in carriers. Sufficient hand clearance is essential, particularly when gloves must be worn. If handles are not provided, surface texture must permit a secure grasp.

Weight

Within the limits of practicality, materials should be moved in easily managed units. If economy demands that material be obtained in bulk, it should be repacked or handled with proper equipment.

Bulk

Outside dimensions should be small enough to avoid awkward grips and interference with smooth body motion. The size of a package must allow safe clearance throughout the path of movement.

Frequency of lift

Arrange to reduce the frequency of lifts, even of light loads, through task redesign. Be sure that multiple light loads are not simply combined into a dangerously heavy lift.

Vertical movement

Minimize lifting by storing materials on shelves or platforms. Provide secure intermediate stopping points for loads that must

be moved manually from a low to high position. Eliminate storage that is higher than a normal easy reach. Assure that shelving or storage piles will not suddenly collapse or release the weight of a load.

Horizontal movement

Arrange tasks so that loads are not held or moved at a distance from the body. The job must be designed to minimize twisting and turning. Workers must have an unobstructed view of the path of travel. Passages and aisles should be clear of obstacles, convolutions, and projections.

Walking surfaces

Floors must be kept clean, dry, and smooth. Changes in elevation should be avoided and must be clearly marked to prevent tripping. Industrial aisles must be marked. Protect outdoor loading areas or maintain them free of snow and mud.

Material-handling equipment

Provide material-handling equipment for jobs requiring frequent lifting or even occasional movement of excessive loads. The job site must be reviewed to assure the equipment will not introduce additional hazards of collision, load dropping, or pinch-points.

Employee posture

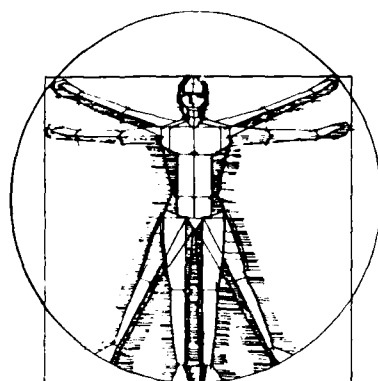
Make sure workers are positioned for easy reach of the task. Provide stress-relieving stools, seats, and foot rests. The job should permit some movement and change of posture. Assure the pace and direction of workflow does not require sudden extreme shifts of position.

Environmental conditions

Prolonged exposure to extreme heat, cold, noise, and vibration should be avoided. Protective equipment that does not interfere with the task must be provided and its use enforced. Adequate light must shine on the work area and passages.

Worker selection and training

The physical capability of the worker must be intelligently matched to lifting requirements. Pre-placement physical exams should include consideration of repetitive of heavy lifting tasks. Adequate numbers of workers must be present to allow needed two-man lifts. All workers, including those who do only incidental heavy lifting, must be given simple training that includes the dangers of improper material handling, how to avoid unnecessary stress, and individual assessment of safe lifting capacity.



How Do We Solve The Back Pain Problem?

The following dialogue was developed by LTC Robert Petzold, an Army occupational medicine physician. This information can be used in whole or in part as desired to help increase awareness of the facts about low back pain.

Bob: The back pain problem? I didn't know we had a problem. Sure, most of the people I know have had their backs go out, but they are all okay now. And, I know some who have to be careful because they have weak backs, but they hardly miss any work at all. So what's the back pain problem?

Wait a minute. I do remember one guy named Joe. He was a nice fellow: worked with me for 3 years. He was rather quiet; I think he had some problems at home, but he never talked much about himself. I remember he hurt his back. I don't remember just how it happened, whether it was at work or at home, but I think the company paid for it. He was off work a couple of weeks, then came back, but he kept having problems. The boss finally told him to get well before he came back. The last time I saw him, he didn't look so good. He said he couldn't find a doctor to help him. He wanted to work but felt like he wasn't needed until he recovered. Only the personnel folks seemed to offer him any hope with the possibility of disability pay. I got the feeling that his family was down on him too.

Poor Joe. I don't know what happened to him. Maybe he found a back surgeon to fix him up and is working somewhere else. Still, he's the only one I can think of and he's not around anymore, so where is the back problem?

James: There are a few things I want to tell you before we get into the specifics of the problem. Eight out of 10 adults, both men and women, will have back pain from a sprain or strain during their lives. Most commonly during their 30s and 40s. And if you have back pain once, you have a 50 percent chance of getting it again.

Bob: Yeah, I'll bet you're right. My back went out when I started playing on the basketball team, but I was off work for only 3 or 4 days. And then again, when we spent all day Saturday moving the office, my back was so sore I couldn't move for 3 days; missed a day of work then too. So I can believe that most people have more than one

back strain. But that's nothing. What about the guys with bad backs, ruptured disks, and all those bad things?

James: Ruptured disks account for less than 10 percent of all back pain.

Bob: So, like I said, where is the back pain problem?

James: In this country, there's an average of 1_ lost workdays each year for every worker due to low back pain.

Bob: That doesn't sound too bad--about like the common cold, isn't it?

James: Yes. Visits to doctors for back pain rank second right after the common cold. But 20 percent of all work-related medical claims are due to low back pain, and over 30 percent of all medical and disability costs are from low back pain claims. And, claims cost 14 billion dollars a year in the U.S. and 30 million dollars a year in the Department of the Army. And we know that 90 percent of these costs come from only 25 percent of the people who had back pain.

Bob: Well, I'll tell you I'm not getting any of that money. Must be folks like my friend Joe. Wonder where he is now? I wonder if he's still getting disability payments or if he ever got them? What happens to those folks who can't go back to work? Someone must be taking care of them.

James: Eighty percent of back strains are back to work in 1 week, and over 90 percent by 6 weeks. Almost all recover eventually to a point where they can work even though it may take a year or more. But a few, like Joe, develop into low back losers and it's often hard for these folks to realize that they can't do the hard labor they are used to for a while. Unfortunately, most bosses think they can't afford to keep these hard-luck folks around. They think the insurance will pay for them.

Bob: Now, wait a minute. Someone must pay for the insurance! I'm beginning to see that these low back losers could be a problem we could easily overlook. Isn't there a way we could keep these folks from getting into this problem?

James: To prevent the low back sprain problem, especially the bad cases, we would like to know what causes back pain.

Bob: But I thought heavy lifting caused low back pain.

James: Not necessarily. Remember, you hurt your back playing basketball.

Bob: Yeah! And playing basketball wasn't really heavy lifting. And I know a guy whose back went out just bending over to pick up a pencil.

James: Those workers who do heavy lifting have only about 20 percent more claims than those who do light lifting. And we don't know whether this is because they really hurt their backs more often, make claims more often, or seem more disabled because they can't go back to hard work as soon as other workers. So far, no screening methods have been able to predict which workers will have a bad back in the future--not x-rays, not strength testing, not even history of a bad back.

Bob: So if we can't find out who will have a bad back, can't we at least do something to keep it from happening?

James: A lot of people are working on this, and there is agreement that keeping in shape and using your head before you use your back can help lower the chances of hurting your back. But people are people, and few bosses have been able to find ways to keep all their workers lean and mean. And, when in a rush, most of us forget the rules for handling heavy loads, like getting good footing, getting a good grip, keeping the load as close to you as you can. And most important, getting some help if the load causes you to strain at all.

Of course, every accident-related back injury should be carefully investigated to see if the workplace or work practices were at fault. Sometimes new equipment or new ways of working can help prevent back injuries. But this process is slow and doesn't begin to decrease the cost of low back pain for some time.

Bob: So what do we know so far?

James: Almost all of us will have some back pain at some time in our life, but over 90 percent of that pain will be due to back sprain or strain and we'll be back to normal in less than 6 weeks, often in less than 2. The back pain may be related to work or just as likely to play or work at home.

We also know that for most the best treatment is back rest for a few days, applying cold first and then heat, off and on for a few days. Afterwards, reconditioning by stretching and cardiovascular fitness training will get us back to being lean and mean.

We don't know how to predict in a fair way who will get a bad back. And we often can't determine just what activity in a job or at play caused the back pain.

Bob: So what are we going to do?

James: We are still stuck with 20 percent of the medical claims and 30 percent of the costs. And that's a lot of money. The people who pay the bills can't afford to ignore it. It cuts into other benefits and plans. And there is that small group, the low back losers, who will

take longer than 6 weeks to recover who eat up 90 percent of costs and still suffer.

Bob: Yeah. I remember poor Joe. He didn't seem too happy last time I saw him. I don't think I'd like to be in his place. Having pain off and on with no one to help, can't work, no respect. He was on his way to becoming a low back loser. I wonder if there are others like Joe? I remember you said that 90 percent of the costs of low back pain come from 25 percent of the cases. Was Joe one of those?

James: You guessed right. The guys and gals like Joe are the real problem.

Bob: What a waste. If only we could do something with them for a few months, maybe even a year or two, until they get back on their feet. So what do you think happened to Joe?

James: Odds are after 5 years he's drawing some disability and working at a lesser paying job. All in all not as well off as he was before, probably still having problems at home and still feeling poorly.

Bob: But what should have happened to Joe?

James: Immediately after Joe hurt his back or didn't show up for work because of back pain, the safety and medical folks at his work should have showered him with attention and questions about how it happened and what was being done to help him and his family. His boss should have called the first week and let Joe know he was missed and his old job or a light-duty job was waiting as soon as he could return. After Joe was out of work about 2 weeks, not uncommon with low back pain, the local manager should have been asking the supervisor and the medical folks regularly about what was going on with Joe.

Bob: And just what questions should the local manager be asking?

James: He should be asking the supervisor:

"How is Joe today?"

"When does he think he can come back to work?"

"Have you explained our light duty program to him and has he told his doctor about it?"

"What's his mental attitude like?"

"How's his family? Do they need a visit from our employee assistance folks?"

"Are we staying in touch with him regularly?"

The local manager should also be talking to the nurse or doctor and asking them:

"Have you checked with Joe this week?"

"Have you had a chance to see and examine him?"

"Have you looked at the report from his doctor? Is the treatment reasonable? If not, let's take action now to get him seen by a specialist.

AND, the staff shouldn't ignore Joe's personal and family problems at a stressful time like this. If there's any chance that they may affect his ability to get going again, then he should be encouraged to see a counselor right away.

Bob: Wouldn't all that be hard for one person to do?

James: A good manager might find it hard to do all this, what with all the responsibility he has. But one good practice adopted at some Army installations is to have a working committee that meets regularly to evaluate work-related injuries and illnesses and manage each case with individual assignments and regular followup.

Who should be on this committee? Usually, members include the safety officer, FECA program administrator, occupational health physician or nurse, employee assistance program coordinator, and others as needed. Then with regular attention from the capable team, cases like Joe's could not get away from us. And wouldn't Joe have benefited in the long run? Evidence has shown that good early management of low back pain can prevent the low back losers which we can't afford, any of us.

Sample News Release for Local Media

Army goes after lower-back pain in the civilian workforce
to keep valuable employees

Not long after the first caveman stood on two feet and walked out into the forest, he was put right back down by lower back pain--a happenstance that's become all too familiar in the 20th century workplace. His modern counterpart, Poor Joe Doe, a nice, average, quiet fellow hurts his back. Two weeks of bed rest doesn't take care of the problem, but he returns to work anyway. He keeps having pain, so P.J.'s boss sends him home and tells him to get well before he comes back to work. Five years later, suffering from chronic back pain and unable to work, P.J. is still on disability pay.

Because a quarter of all Workers' Compensation cases and a third of all costs are the result of back complaints, the Army is going after lower-back pain in its workforce. Eight out of ten adults, both men and women, will have back pain from a sprain or strain during their lives. Among workers with back pain, the majority can be expected to return to work within a matter of days, most within six weeks; but a small portion develop a chronic disability.

Whether the problem stems from traumatic injury or aggravation of a long-term illness, complaints also cause thousands of people discomfort and lost productivity. Without appropriate intervention, workers with back complaints, as in P.J.'s case, may begin to view

themselves as being permanently impaired, lose self esteem, and become dependent on the compensation system.

The Army Back Complaint (ABC) Program has been developed to help manage the problem and to return workers with back complaints to their jobs, thus saving the Army millions of dollars each year.

The ABC Program will be a collaborative effort among civilian personnel managers, medical personnel and safety staffs at installations Armywide. These people will be working for the P.J.s of the world, both to stop them from getting injured in the first place or to put them back on their feet doing productive work once again.

Sample News Release for Local Media

The lowdown on lower-back pain

Second only to the common cold among patients seeking medical help, lower-back pain from a sprain or strain will hit eight out of ten adults, both men and women, at some time in their lives according to LTC Robert Petzold, an Army occupational medicine physician. Mostly hit in their 30s and 40s, half of these patients will return at least a second time for treatment.

"In this country," said Petzold, "there's an average of one and a half lost workdays each year for every worker due to low-back pain."

More than 20 percent of all work-related medical claims are due to low-back pain, and more than 30 percent of all medical and disability costs are from low-back pain claims. Claims cost \$14 billion a year in the U.S. and \$39 million a year in the Department of the Army. According to Petzold, 90 percent of these costs come from only 25 percent of the people who had back pain.

"Most folk are back to work in 1 week, and more than 90 percent by 6 weeks," said Petzold. "Almost all recover eventually to a point where they can work, even though it may take a year or more."

Surprisingly, only about 20 percent more claims come from those

workers who do heavy lifting than from those who do light lifting. It's unknown whether this is because the heavy lifters hurt their backs more often, make claims more often, or because they simply seem more disabled because they can't go back to hard work as soon as other workers.

No screening methods have been able to predict which workers will have a bad back in the future--not x-rays, not strength testing, and not even a history of a bad back.

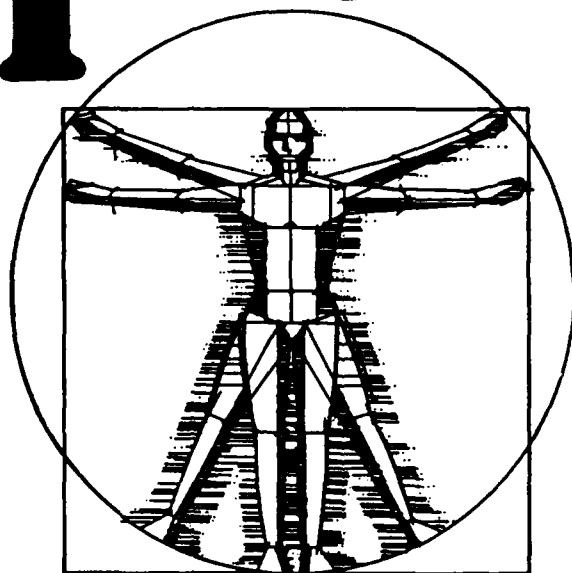
There are steps that can be taken to lessen the chance of a sprain or strain, however. Keeping in shape and lifting properly are just two.

"The main thing," said Petzold, "is using your head before you use your back."

But, people being people, some will get in a rush and forget the rules. For those, the best treatment is back rest for a few days, applying cold first and then heat, off and on. Afterwards, reconditioning by stretching and cardiovascular fitness training will get patients back on their feet, according to Petzold.

If only it were that easy to treat the common cold!

Key of Elements Successful Programs



Navy Back Injury Prevention Program

Recognizing that aggressive and coordinated management action was necessary to control back injuries, the Navy established a Back Injury Prevention Program at installations with 500 or more personnel attached.

Following are the key elements of the Navy's program.

1. Provide a comprehensive preplacement examination program to identify personnel who have a history of back injuries and to assure personnel meet the physical requirements for the position in which they are placed. As part of this program--

- . Research insurance records, medical records, injury compensation claims records, and any other injury records for past injuries or claims before placing personnel in jobs that may aggravate an existing problem.

- . Assure appropriate medical support is available to perform the preplacement examination.

- . Assure adequate and reasonable physical requirements are established for each position. Where analysis of mishap data has resulted in the identification of positions that involve a significant risk of back injury, the presence and/or adequacy of existing physical standards should be examined. As warranted, physical requirements may be established for civilian positions. Personnel who occupy a position with physical or medical standards or physical requirements or which is under a medical surveillance program may be required to undergo medical evaluation periodically or whenever there is a

direct question about a person's continued capacity to meet the physical or medical requirements of the position.

2. Provide followup medical care for injured personnel. As part of this program--

- . Assure medical support is available to provide medical examinations, treatment, and case reviews.

- . Establish procedures to assure adequate medical and management review of cases to initiate modification of work or recommend suitable work for light-duty candidates.

- . Provide, to the extent possible, wellness programs (diet, exercise, back care, and stress).

3. Provide a job analysis program to determine the actual physical work required by jobs. As part of this program--

- . Establish a prioritized program (based on risk and injury experience) to review work assignments to eliminate as much as possible repetitive heavy lifting, pulling, and pushing tasks (which account for most spinal disease cases).

- . Establish a goal of limiting the normal maximum lift a single unassisted individual should make. A generally recognized limit for normal unassisted lifting is 40 pounds. While it is recognized that some heavy lifts cannot be avoided, many lifting operations can be designed to require assistance of other personnel or the use of mechanical handling equipment.

- . Establish an ergonomics program to assure appropriate review of operations, facilities,

and equipment, and initiate operational and other changes to reduce stress and the potential for back injury. This should include a prioritized review of operations to determine where restrictions or reductions can be obtained in weightlifting, twists, turns, lifting heights, operational heights, etc.

4. Establish training programs in back injury prevention and care. Training should include ergonomics training for cognizant engineers and engineering technicians; specialized supervisory training in lifting techniques, back injury prevention, operational design, and back care; and employee back injury prevention and care training including wellness and physical fitness. Training programs shall be integrated into existing safety and occupational health curricula or other job training wherever possible.

5. Establish a strong management posture to control and reduce back injuries including the following:

- . Assure effective back injury investigations and analyses are conducted to uncover the root causes of back injuries.

- . Establish an aggressive program to manage and control compensation claims, assuring proper review, processing, and administration. Any employee on injury compensation or assigned to light duty for whom the activity has identified a position which it reasonably believes the employee can perform may be required to report for medical evaluation.

- . Establish an effective return-to-work program including light duty, job restructuring, and rehabilitation.

Industry approaches

Chelsea Back Program

The Chelsea Back Program is a management program whose aim is to control disability, not to prevent the onset of back pain. This new approach was developed after studies showed that traditional approaches to reducing the cost of back injuries--pre-employment back x-rays, lifting training, and ergonomics--were ineffective.

The Chelsea Back Program was instituted in 1980 by a Fortune 500 industrial manufacturer of rubber and plastic products with 20 factories and 5,000 employees. The program was carefully documented and studied over a 3-year period. Before instituting this control program, the workers compensation cost for low back injuries exceeded \$200,000 per year. In the 3 years following program implementation, the costs were reduced tenfold, averaging less than \$20,000 per year.

Following is a synopsis of the Chelsea Back Program:

. **Management.** We must first sensitize the management staff to the problem. The large majority of the employees who complain of low back pain are not malingerers. Heavy lifting is not a prerequisite for low back pain. Low back pain will occur at sporadic intervals in about 75 percent of the adult population. Immediate medical attention is required. The management staff must become sensitive to the low back pain issue.

. **Treatment.** There are nearly as many treatments for back pain as there are doctors,

from chiropractic approaches through hypnotism and acupuncture. In the vast majority of cases, low back pain will disappear regardless of the type of treatment or lack of treatment, within 5 to 15 days. Effective conservative treatment includes the application of heat or ice and aspirin therapy.

. **Education.** The education of employees as to the nature of low back pain is critical. They must be reassured that back pain will decrease, and they will be able to resume most activities, including work. This education process is conducted at the time of treatment by medical staff.

. **Job modification.** Short term job modifications may be required for some employees suffering from low back pain. A sedentary employee may require an adjustable chair and footrest. An employee who stands at a machine may also require a footrest. Lifting tasks may have to be restricted for a period of time.

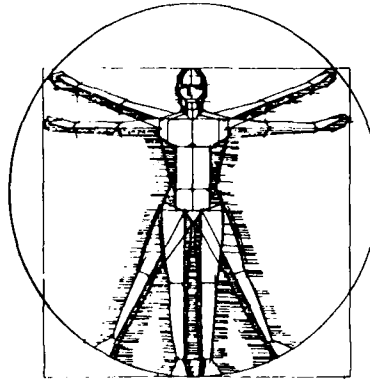
Volvo study

The Volvo Plant in Sweden has been conducting a study of employee back complaints. All employees with back injuries who had not returned to work within 6 weeks were screened. About 15 percent were found to have mechanical or neurological lesions that mandated specific treatment. The others were randomly assigned to one of two study groups.

In the first, nothing was done and they continued under the care of their private physicians. The employees in the second group were managed in the following way: First, a job evaluation was made and the job site inspected so that necessary adaptations could

be made in respect to early reassignment. Second, the employee was started on an intensive reconditioning program three times a week, during which the reactivation process was tailored to the particular job he would return to, and he was sent back to work as soon as he was able.

At last count, 70 employees had been enrolled in each group. Seventeen of the managed group are back to work. Only four in the other group have returned to productive occupational activity.



References and Resources

Back pain complaints

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- . Nachemson, Al. Prevention of Chronic Back Pain: The Orthopaedic Challenge for the 80s. Bulletin of the Hospital for Joint Diseases Orthopaedic Institute, Vol. 44, No. 1, pp. 1-15, 1984.
- . U.S. Army Low Back Pain Workshop, Aberdeen Proving Ground, Maryland, 15-17 July 1986. (Available from USAEHA, ATTN: HSHB-MO, Aberdeen Proving Ground, MD 21005.)

The Safety and Occupational Health Advisory Council

- . AR 40-5: Preventive Medicine, 30 August 1986
- . AR 385-10: The Army Safety Program
- . AR 690-800: Injury Compensation, 15 December 1983 (chap 810.4-11)

Clinic check-in policy

- . Message, DAPE-CP, "Thurman Sends," P231545Z Aug 85, subject: Medical Examinations for Injured Civilian Employees
- . AR 690-800: Injury Compensation, 15 December 1983, interim change 1, 1 May 1987

Light duty

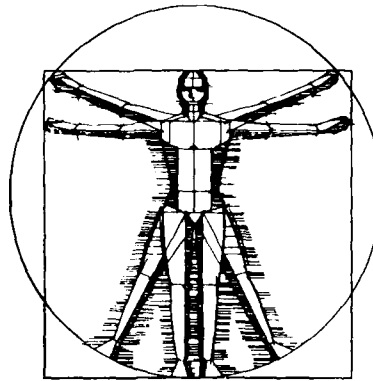
- . FPM 810: Injury Compensation, 2 October 1986, subchapter 5-6, Light Duty Assignments

Return to work

- . Message, CHUSA CIVPERCEN, PECC-FS, R090830Z Feb 87, subject: Injury Compensation--Reemployment
- . FPM 813: Injury Compensation, 2 October 1986, subchapter 8, Long-Term Disability Claims

Workplace evaluations for back injury/back complaint aggravators

- . AR 385-10: The Army Safety Program, 1 February 1979
- . AR 40-5: Preventive Medicine, 30 August 1986
- . 29 CFR 1960: Occupational Safety and Health for Federal Employees and Related Matters
- . TB Med 503: The Army Industrial Hygiene Program, February 1985
- . Work Practices Guide for Manual Lifting, NIOSH Publication No. 81-122. (Available from the U.S. Government Printing Office, Washington, DC 20402.)



Results of the Low Back Pain Workshop

The Low Back Pain Workshop was conducted 15-17 July 1986 under the auspices of Mr. Lewis Walker, Deputy for Safety, Health and Environment, Assistant Secretary of the Army (I&L). The Office of The Surgeon General, U.S. Army, was the lead agency, but the conference was a joint effort with the Civilian Personnel Center and the Army Safety Center.

The purpose of the workshop was to share current information on back pain issues and bring safety, health, and personnel experts together to find solutions to the problems. The objective was to develop policies and programs to support Presidential and SafeArmy 1990 goals to reduce claims and costs associated with low back injuries. Following is a summary of the results of the 3-day workshop.*

PROBLEMS

Compensation claims, costs, and lost work time due to low back injury are unacceptably high to the Army.

Inappropriate expectations and attitudes about low back injuries exist in Department of Army personnel because of inadequate knowledge.

No program has been implemented successfully or widely in the Army to appropriately manage low back injury cases.

DISCUSSION

Education and primary prevention

. The workplace and work practices. The design of the workplace and work practices may contribute to low back injuries. Further evaluation of this subject is needed. Many aggravators of low back injuries are recognized in the workplace and must be eliminated if possible. Those that cannot be eliminated must be brought to the attention of workers and managers.

*Complete transcripts of workshop presentations, with appropriate references, are available from U.S. Army Environmental Hygiene Agency, ATTN: HSHB-MO, Aberdeen Proving Ground, MD 21005.

. Employees. Employees often lack an awareness about the natural course of low back pain, body mechanics to alleviate problems, and useful self-treatment techniques. Lack of trust in managers may make communication with supervisors about safety issues and early back problems difficult. Workers often fail to recognize how a prolonged disability from a back injury can adversely affect many of their relationships both at home and at work.

. Supervisors. Supervisors often fail to recognize that back complaints are real and require intervention. They often do not recognize workplace aggravators.

. Personnel officers. Personnel officers may not be sensitive to low back injury costs and intangible losses a worker suffers. Procedures may not be adequate to inform supervisors about FECA procedures, monitor costs and claims from local physicians, and encourage and enforce return to work programs.

. Health care providers. Many health care providers fail to recognize the need for a treatment protocol requiring activity rather than rest) for low back pain patients. They fail to provide continuing and consistent monitoring of patients to bring out nonmedical factors associated with the complaint and to recognize complications of chronic low back pain. They often do not use periodic exams as an opportunity to re-educate workers about low back problems. They may not provide the significant amount of support and concern needed by most low back patients to alleviate fears and concerns. They may not recognize the significant need for cooperation by medical, supervisory, and personnel people with the patient to resolve low back problems.

. Safety personnel. Safety and occupational health personnel may not recognize work place aggravators of low back pain. They may be inadequately trained in human factors issues related to low back complaints.

Patient management and prevention of chronic disability

. Early recognition is critical to early intervention and management of low back pain or injury. This is the point where efforts to decrease claims must take place. The Department of Army policy must encourage employees to seek consultation within the Army system initially when symptoms of low back problems are experienced or following an incidence that may lead to low back problems.

. Providing early support to the low back injured employee requires that early notification be provided to an individual or a group of individuals who have knowledge and resources to provide the necessary

support and management. These resource personnel may include health care providers, claims managers, personnel specialists, supervisors, managers, and safety specialists. The duties and some of the coordination responsibilities are spelled out in current regulations; however, there is no requirement that these resources coordinate regularly and jointly manage work-related low back complaints. Because low back complaints can be very complex problems that can include medical, personnel, and safety issues, prompt coordination for appropriate management is critical. A program requiring a team approach is recommended. This approach should be made a requirement for managing low back complaints. As a minimum, members of this team must provide the injured employee with education about the natural course and accepted treatments for low back pain and information on availability of care within DOD facilities, referral to private health care providers, benefits and claims, reporting policies, return to work policies and modified work programs, the back injury management and monitoring program, and information on available employee assistance programs.

. Regular monitoring of low back pain patients must be carried out by resource personnel. As a team, they should intervene with recommendations or requirements to the appropriate personnel or activity as required. Minimum responsibilities during this phase include regular contact with the worker and his or her family, the supervisor, the health care provider, and claims processing personnel.

. Return to work programs are mandatory for the management of low back injuries. These programs must be flexible to allow the work modification decisions to be made jointly by the worker, the supervisor, and the health care provider. These decisions must be reviewed and revised regularly. Appropriate, often minor, modifications to the work site or operation must be supported by management. Our goal must be to support the worker and provide for an early return to the workplace and to return the employee back to his or her normal duties as quickly as recovery allows.

. Tracking of program results can be accomplished centrally without increasing the burdens of local managers. Currently the Army Safety Center can extract data from FECA tapes provided by Department of Labor which can track the number of claims, time between the injury and filing a claim, number of lost time claims, and medical and compensation payments down to MACOM levels.

. Local command and management implementation and support is essential for the success of a low back program. In addition to Department of the Army emphasis, incentives should be developed.

Methods to charge the costs of low back injuries down to the lowest level and then to pass back the savings to well-managed programs should be investigated, developed, and instituted.

RECOMMENDED PROGRAM ELEMENTS

Education and primary prevention

- . Begin an Armywide awareness program to increase knowledge and change attitudes and expectations about low back injuries. Start at top level management and work down. Provide Army policy statements recognizing that low back complaints are real, that they must be managed carefully to prevent disability, and that early return to work is good treatment and is the Army standard.

- . Educate supervisors and workers about the facts of low back pain, the costs, complications, treatments, and return to work programs.

- . Provide additional training in these subjects tailored to the needs of health care providers (both military and civilian), safety, industrial hygiene, and union personnel, and civilian personnel officers.

- . Target high-risk populations with educational efforts.

- . Develop a model low back program at an installation which in turn can be the basis for other installations' low back programs.

Patient management and prevention of chronic disability

Low back pain patient management programs must include as a minimum:

- . Early identification and reporting of low back complaints related to work.

- . Early support for the reality of the problem, for appropriate management both medically and administratively, and for early return to work.

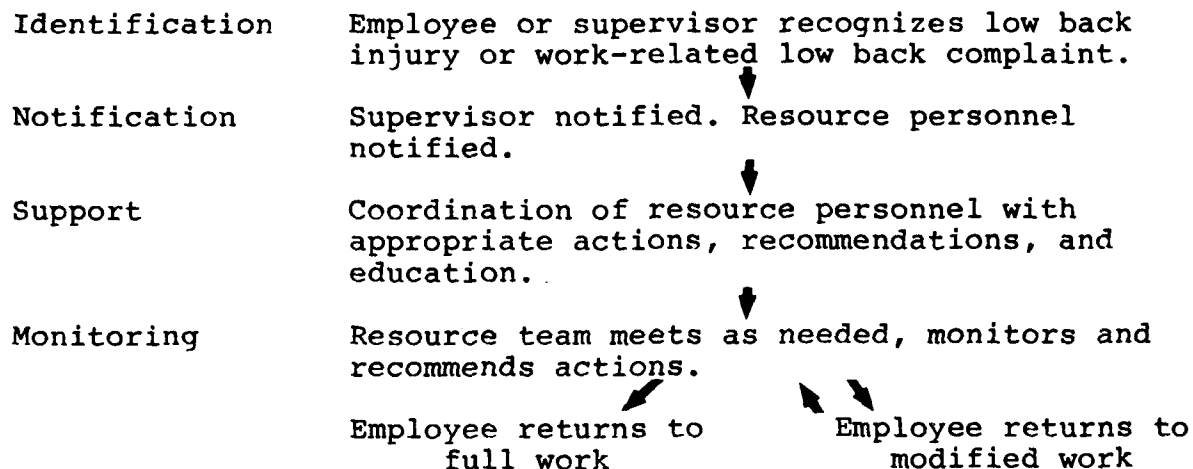
- . Regular monitoring of patients' personal adjustment, work status, and medical condition and care.

- . An active effort to return the worker to his or her workplace as soon as possible, making minor changes in job requirements that are needed temporarily to accommodate the worker and the mission.

. Recordkeeping to track the results of the patient management program.

. Local command implementation and support for a successful low back management program is essential.

Flow of Low Back Pain Management



ISSUES FOR FURTHER DISCUSSION

. Evaluation of workplace factors and aggravators for low back complaints is a complex new field. A working group with safety, health, and human factors experts should be established to develop Army policy.

. Evidence exists to support the contention that almost all low back complaints when carefully evaluated do not meet the criteria under FECA as occupationally related injuries but are due to recurrent trauma and would be classified as occupational illnesses. As an occupational illness, payment of continuation of pay is not authorized. Just what effect this would have on the costs and disability from low back pain is unclear. This issue requires study by medical, safety, and Office of Workers' Compensation Program personnel.

. Evidence suggests that the compensation level is directly related to the amount of disability from low back pain. FECA compensation levels are relatively high. The effect of this high compensation level must be considered when the success of intervention programs is estimated.

. While local resource people will provide some quality assurance and monitoring of medical care, judgments on complex medical issues will be beyond most local capabilities. Indeed, the Army probably does not have available, expert resources to monitor the care provided by the many local physicians caring for our back patients. Department of Labor, Office of Workers' Compensation Program (OWCP), has tackled this problem by contracting with Health Care Systems (HCS) to provide expert monitoring of patient care for back and neck injuries. Their system has had success in reducing continuation of pay and medical costs and is being applied to DA personnel in two OWCP districts. The Army should support this effort by helping with early identification of patients so monitoring can be made more effective. As program successes are documented, we should encourage implementation throughout OWCP to cover all DA personnel in CONUS. We should consider contracting with HCS to monitor back patients treated by DA facilities.

. Before and during program implementation, measures of the low back problem and program outcomes must be made. The Army Safety Center has the data and the capability to report quarterly on the number of new back claims, the percent of lost-time claims, the medical and compensation costs, and delay in filing of claims. They could develop accepted indexes such as cost per case or cost per employee. The Finance and Accounting Office has the capability of reporting continuation of pay aggregate costs. These agencies and the Civilian Personnel Center should develop a recurrent monitoring report to evaluate the success of programs and policies implemented to decrease claims, costs, and lost time from low back injuries.